PATENT APPLICATION	ON FEE DETERM tive October 1, 20		ORD	A	pplication	orD	ocket Num	ber 37
CLAIMS A	S FILED - PART	(Column 2)	SMAL TYPE		YTITY	OR	OTHER SMALL	THAN
AL CLAIMS	. \0		. RA	ΓE	FEE]	RATE	FEE,
	NUMBER FILED	NUMBER EXTRA	BASIC	FEE	385.00	OR	BASIC FEE	770.00
AL CHARGEABLE CLAIMS	Q minus 20=	•	xs	9=	1	OR	X\$18=	
PENDENT CLAIMS	minus 3 =	. 9	X4:	}=		OR	X86=	. •
TIPLE DEPENDENT CLAIM P	RESENT		+14	5=		OR	+290=	

		(C		Column 1) (Co		ımn 2) .	TYPE -			OR	SMALL	ENT	IΤΥ
TOTAL CLAIMS		10				.	RATE	FEE]	RATE	F	EE.	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	1	OR	BASIC FEE	770	0.00
TOTAL CHARGEABLE CLAIMS			\ Q minus 20= •		•			XS 9=		OR	X\$18=		
INDEPENDENT CLAIMS minus :						9		X43=		OR	X86=		. •
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL	·	OR	TOTAL	7	20	
CLAIMS AS AMENDED - PART II (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER THAN SMALL ENTIT		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL/ EE-/
2	Total	. 5	Minus	**	20	= /		X\$ 9=		OR	X\$18=		
MEN	Independent	. /	Minus	***	3	=/		X43=	· /	OR	X86=		/
	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT	CLAIM	(+145=	1	OR	+290=		
			,		٠		L	TOTAL			TOTAL	+	
		(Column 1)		(Colum	n Żl	(Column 3)	A	ODIT. FEE	<u> </u>	.	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL
MQ	Total	•	Minus	••		•		X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	***		2	lt	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=		
		•	•)	- A	TOTAL DOIT, FEE	•	OR ,	TOTAL ADDIT. FEE		
	•	(Column 1)		(Colum	n 2)	(Column 3)					•	•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	٠	HIGHE NUMB PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI: TIONAL FEE	-	RATE	TIO	DI- NAL E
E M	Total	•	Minus	8		•	П	X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	***				X43=		OR	X86=		
٩	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM						.200-		
.,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+145=		OR	+290= TOTAL		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDI										OR ,	DOIT. FEE	<u> </u>	· ·

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		
E C	Total	•	Minus	440	• .		X\$ 9=	
AMEN	Independent	• .	Minus	Minus •••			X43=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							
7							+145=	

^{***}If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.